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ABSTRACT

This report presents the findings and advice of a Steering Committee whose purpose in accordance with Health for All (HFA) Target 27 of the World Health Organization (WHO), "Rational and preferential distribution of resources according to need," was to provide the EURO Nursing Unit relevant information towards the development of an educational program that would assist, at the country level, in the development of a basic nursing curriculum for WHO's European members. The information presented covers, not only a restatement of earlier agreed upon roles, functions, and competencies of the generalist nurse, but also the identification of any educational models currently existing in Member States which may be adopted or adapted to develop the generalist nurse program in Member States, recommendations on appropriate curricular structure and content for consideration by countries, suggestions on strategies to prepare nurse teachers and managers in developing generalist nurse programs, the identification of schools and departments of nursing which may be approached to participate as pilot sites for program implementation and evaluation of experimental programs, and time schedule proposals. Recommendations are also presented for actions by WHO in the promotion of training for health professionals throughout Europe. Appendixes contain a list of temporary project advisers and observers as well as summaries of the report in French, German, and Russian. Contains 16 references. (GLR)

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CURRICULUM DEVELOPMENT FOR THE "GENERALIST NURSE"

Report on a WHO Consultation

Turin, Italy
13-16 June 1990

HE 025 456

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TARGET 27

Rational and preferential distribution of resources according to need

By 1990, in all Member States, the infrastructures of the delivery systems should be organized so that resources are distributed according to need, and so that services ensure physical and economic accessibility and cultural acceptability to the population.

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NURSES - trends
EDUCATION, NURSING - trends
CURRICULUM

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1. Introduction

The first consultation of the two proposed by members of the first meeting of the Steering Committee on the "generalist nurse" project, was held in Turin from 13 to 16 June 1990. The meeting was hosted by, and organized with the WHO Regional Office for Europe under the direction of, Mrs Paola Lupano of the Centro Studi delle Profession Infermieristiche. It was opened by Professor Giorgio Pellicelli, Director of the Scuola di Amministrazione Aziendate dell' Universita degli Studi di Torino, where the meeting was held, and by Doctor Eugenio Maccari, Head of the Regional Health Department of Piedmont. It was attended by seven key nurse managers and educators, two staff members of the WHO Regional Office for Europe and four observers. A list of participants is given as Annex I.

Ms Elisabeth Stussi, Regional Officer for Nursing welcomed the participants on behalf of Dr J. Asvall, WHO Regional Director for Europe. She emphasized the importance of the meeting, as recommendations from it would greatly influence the direction the "generalist nurse" project would take. Many issues needed to be clarified before a concerted effort could be organized to achieve the development of "generalist nurses" throughout the Region. Courage to experiment with curricula was not enough, strategies had to be exercised in order to win support from all quarters. The Health for All movement had exposed the dichotomy which exists in many countries between the capacity of nurses to strengthen health systems through the primary health care approach and their actual roles. Education to function in both community and hospital was an essential first step to realization of that unused potential.

1.1 Scope and purpose

Following up on the meeting of the Government Chief Nursing Officers, Linköping, October 1989, at which the outline of a six-year plan for the development of the "generalist nurse" was adopted, a Steering Committee was convened in the WHO European Regional Office in February 1990. The members of the Steering Committee adopted provisionally the definitions of a "nurse" and of his/her functions as proposed at the meeting of the Council of Representatives (CNR) of the International Council of Nurses (ICN) ICN/CNR meeting in Auckland, New Zealand, 1987, and integrated in the Danish/Canadian Primary Health Care Project: A Nursing Model. They also agreed that a basic nursing curriculum should be developed to meet the criteria embodied within these definitions. (1)

The overall purpose of this consultation, therefore, was to provide advice to the EURO Nursing Unit relevant to the development of an educational programme which will provide assistance at country level on basic nursing curriculum development. The Consultative Group was expected to:

- consider and agree amendments (if any) to the proposed role, functions and competencies of the "generalist nurse" as set out in the first draft Profile;

- identify education models existing in Member States which may be adopted or adapted to develop the "generalist nurse" programme in Member States;

- advise on appropriate curricular structure and content for consideration by countries;

- suggest strategies which may be deployed:

  (1) to prepare nurse teachers and managers to develop the 'generalist nurse' programme in their own settings.

  (2) to ensure support from:

    (a) other health workers;
    (b) consumers; and
    (c) local influential persons

  (3) to ensure enactment of any needed legislative changes.

- identify schools and departments of nursing which may be approached to participate as pilot sites for implementation and evaluation of experimental programmes;

- propose a realistic time schedule for this component of the EURO nursing programme.

2. Working definitions

The Group first agreed on a number of definitions as given in background documentation. (2)

2.1 Primary health care

Primary health care as an approach to health development involves the total reorientation of the health system. Its characteristics are: (a) reorientation of the health services to enable secondary and tertiary care to support care at primary care level, the first level of contact, thus involving the entire health system; (b) a more even distribution of health resources, with more than at present allocated to primary care and its supervisory level, and to promotive, preventive, and rehabilitative care; (c) intersectoral coordination; and (d) the participation of the community.

2.2 Health personnel

In this report the term health personnel means all the personnel involved directly or indirectly in health care, such as general and specialized medical practitioners, dentists, nurses, pharmacists, sanitary engineers, laboratory technicians, medical assistants, and community health workers.

2.3 Levels of Care in a Health System

Primary care level is the first level of access to the health system. Secondary care level is the next level of the health system to which patients can be referred from the primary care level.

Tertiary care level is a more specialized level than secondary care and requires specific facilities and the attention of highly specialized workers.

2.4 Community-oriented education

At the first meeting of the Network of Community-oriented Educational Institutions for Health Sciences, held in 1979, community-oriented education was described as education that focuses on both population groups and individual persons which takes into account the health needs of the community concerned. As many programmes that focus only lightly on the population and the needs of the community could claim that they fulfil this description, a degree of quantification is needed as well as consideration of some of the other characteristics of community orientation. These characteristics include: whether the aims, objectives, and basic principles on which the educational activities of the institution are based are determined by the needs of the community within which it is located; the extent to which the programme adopts a comprehensive rather than a mainly curative approach to health promotion; and whether programme activities indicate commitment to the goal of health for all.

2.5 Community-based education

Community-based education is a means of achieving educational relevance to community needs and, consequently, of implementing a community-oriented educational programme. It consists of learning activities that use the community extensively as a learning environment, in which not only students but also teachers, members of the community, and representatives of other sectors are actively engaged throughout the educational experience. Depending on how the population in a country is distributed, the learning environment may be an urban or a rural community. Indeed, community-based education can be conducted wherever people live, be it in a rural, peri-urban, or urban area, and wherever it can be organized.

2.6 Community-based learning activity

A community-based learning activity is one that takes place within a community or in any of a variety of health service settings at the primary or secondary care level. Community-based learning activities include:

(a) assignment to a family whose health care is observed over a period of time;

(b) work in an urban, suburban, or rural community designed to enable the student to gain an understanding of the relationship of the health sector to other sectors engaged in community development, and of the social system, including the dominance of special interest and elite groups over the poorer sections of the community or over women;

(c) participation in a community survey or community diagnosis and action plan, or in a community-oriented programme, such as immunization, health education of the public, nutrition, or child care;

(d) supervised work at a primary care facility, such as a health centre, dispensary, rural or district hospital.

Learning activities conducted in large-scale, specialized medical care facilities, such as hospitals providing tertiary care, cannot be considered as community-based activities.

2.7 Community-based educational programme

An educational programme, or curriculum, can be called community-based if, for its entire duration, it consists of an appropriate number of learning activities in a balanced variety of educational settings; i.e., in both the community and a diversity of health care services at all levels, including the tertiary care hospital. The distribution of community-based learning activities throughout the duration of the curriculum is an essential characteristic of a community-based educational programme.

3. Profile of the "generalist nurse"

The first draft of a Profile of the "generalist nurse" had been sent out from the Nursing Unit to all 32 Member States of the European Region for debate at national level and the Consultation learned that comments were still being received.

After discussion of this and their own country experiences, the Consultation Members set about defining the various components of the "generalist nurses'" role.

3.1 The role of the "generalist nurse"

The Group agreed that the role of the "generalist nurse" should be developed in the context of the health care system of each country. Nursing education programmes must fit into the country's long-term plans for health manpower development, it being recognized that change is subject to a variety of social, demographic, economic, and political factors.

3.1.1 The direct care provider

The direct provision of care has always been an important feature of nursing. Accordingly, the "generalist nurse" needs to have a variety of clinical skills and be able to carry out all stages of the nursing process. As a direct provider, she must participate fully in all the essential components of primary health care, hence her additional roles as an educator and as a facilitator and manager of health care.

3.1.2 The teacher and educator

The "generalist nurse"'s central concerns should be the promotion of health and rehabilitation; the prevention of disease and disability, as well as the provision of supportive and curative care. She should educate individuals and families on healthy life-styles and the community on the primary prevention of ill health and on protective and supportive health measures. Her role as teacher also involves the training of other health care personnel, including professional colleagues and auxiliary staff.

3.1.3 The supervisor and manager

The "generalist nurse" must exercise leadership. Her duties include supervising other personnel in providing care, planning health services for the community in conjunction with other members of the health team, and organizing and administering community health services. In these functions the "generalist nurse" assesses the health needs of the community, listens to the community's views on these needs, and communicates with the community, acting as its advocate. As a community organizer, she involves people in their own care and enlists the cooperation of other sectors of society concerned with health, e.g., the housing, sanitation, agriculture, industry, and education sectors. From being a direct provider of care to individuals, the "generalist nurse" thus becomes a manager of care on a wider scale.

3.1.4 The researcher and evaluator

Health needs and services are not static. The "generalist nurse" should monitor, observe, analyse, and study health conditions and services in her area. As a primary contact for people when they are sick, she is in a position to determine health needs and to understand the problems involved in meeting these needs. This knowledge enables her to recommend changes or innovations in health care services.

3.1.5 The "generalist nurse" in relation to auxiliaries

As well as teaching auxiliaries, it was agreed that nurses should also supervise and manage them. This was considered to be extremely important in the context of nursing team mixes. Therefore, all in-service training, as well as initial preparation, should be slanted towards preparing them as 'generalist' auxiliaries, also able to work in both hospitals and communities.

3.2 Amendments

On the basis of discussions on these aspects of the nurses' role, the group made several amendments to the Profile, including drawing up a new structure. These suggestions were duly recorded for consideration by the Nursing Unit when re-drafting the Profile at a later date.

4. Education of the "generalist nurse"

In considering the orientation of basic education of nurses to the primary health care approach, the consultation acknowledged the many reports

and documents issued by WHO since 1974 that have stressed the importance of such a change of emphasis.

4.1 Scope of the curriculum

The Group reaffirmed that the objectives of nursing training must be determined by the health needs of society. So far, in many Member States, however, only lip service has been paid to this goal. Nursing curricula need to be revised to prepare nurses with the clinical and other skills necessary for them to provide primary health-oriented care wherever people are; with the epidemiological knowledge to detect and prevent disease, dysfunctions and disabilities as far as possible; with the understanding of behavioural responses required in order to promote healthful life-styles; and with the organizational and administrative ability to plan, manage, and evaluate community health, as well as curative, programmes.

An intersectoral approach and involvement of the community are crucial, and individuals and communities should participate in decision-making on all health matters affecting them. The knowledge gained by nurses through professional training and experience must be shared with individuals, families, and communities in order to generate local expertise and self-help.The community learns easily; what is not so easy is to obtain the acceptance by nurses and other professional health workers of the sharing of knowledge and expertise in this way.

The group recognized that it requires, above all, a change of attitude on the part of the provider of care towards the consumer, so as to develop a partnership that will have a positive effect on the health of the community. The curriculum must be permeated with this idea of sharing (teacher/student, as well as nurse/patient or client), with the principles of primary health care as they apply to care given at home, in a health centre, in industry, or in a hospital.

Students of nursing need to be provided with a clear analysis of the structure and culture of the particular society they are being educated to serve. The attention given to understanding groups and their health needs is still insufficient. Unless the social nature of health and illness is understood, the nurse will be unable to function competently in primary health care.

4.2 Present situation

The members of the Group discussed the experiences of their own countries in reorienting curricula to emphasize primary health care, and the problems encountered during the process, notably:

- lack of a clear definition of the role of nursing in primary health care;
- lack of a nucleus of nursing education planners imbued with the will to develop nursing personnel equipped for primary health care;
- lack of retraining for teachers, who need practical experience of working with the community as part of their reorientation to primary health care;

- the extreme isolation of nursing education planners, who rarely consult persons from other branches of health care, or other sectors, about educational programmes;

- lack of material resources to support the reorientation of curricula: the wish to do well is not enough - resources (personnel and funding) are a crucial adjunct; and

- lack of involvement of community groups, who represent the public interest, in curriculum-planning.

4.3 Changes Required in Education

4.3.1 Reorientation

It was acknowledged that reorientation must focus on the development, not only of effective educational programmes that are competency-based, community-oriented and community-based multi-professional, student-centred and problem-based, but also geared to make education more socially relevant.

The HFA/PHC goal gives clear guidance in terms of planning curricula and relevant competencies that need to be developed for its achievement. If nurses are going to meet the real health needs and demands of people, then the reorientation of all educational programmes, both basic and post-basic, should aim at developing graduates to be able to:

- respond to health needs and expressed demands of the community and work with the community so as to :

    - work in, and with, health teams, and if necessary, provide leadership to such teams;
    - educate the community as well as their co-workers;
    - solve, and stimulate the resolve of individuals, families and community regarding their health problems;

- orient their own, as well as community, efforts for health promotion and the prevention of diseases, unnecessary sufferings, disability and death;

- stimulate healthy life-styles and self-care;

- stimulate, promote and coordinate intersectoral collaboration for health;

- continue learning life-long so as to not only keep their competencies up to date but also improve them as much as possible.

4.3.2 Learning experiences

Educational programmes designed to develop such competencies must rely, in addition to experience provided in teaching hospitals, on experience in community health settings. Community-oriented and especially community-based education with emphasis on health promotion and prevention should evidently be one of the characteristics of such education.

Additionally, learning experiences should provide ample opportunity to practise identifying and solving individual and community health problems through team work and intersectoral collaboration.

4.3.3 Prerequisites

The Group stressed that the reorientation of nursing education systems and curricula to reflect the primary health care approach will require resources to be redirected and applied to a planned and deliberate restructuring process. Furthermore, the enormous potential of nurses as providers and managers of primary health care can be developed for the benefit of society only if all nurses are properly trained for the purpose. Nursing students must have, therefore, a good general education of at least 12 years (or reach the equivalent levels required for university or higher education institute acceptances), and be of student status throughout their basic educational programme. The basic qualification obtained should then have academic accreditation.

4.4 Educational Outcomes

The Consultation members agreed that educational outcomes must enable the nurse to:

(1) select information to enable assessment, planning, implementation and evaluation of nursing care in relations to individuals, families, groups or communities;

(2) apply pertinent research to nursing practice;

(3) implement a problem-solving approach to care, making specific interventions as appropriate;

(4) contribute to the organization and deployment of care;

(5) participate in teaching, monitoring and supervision of others;

(6) be accountable for the care given;

(7) contribute effectively to the multidisciplinary team;

(8) cooperate with persons and agencies in a variety of settings for the benefit of individuals/families/communities;

(9) understand the importance of the ethics of health care and of the nursing profession and its influence on nurses' professional practice;

(10) apply current legislation governing health care;

(11) respond to changing influences governing health care;

(12) assess the political and policy issues surrounding and influencing nursing practice.

5. Developing a curriculum for the "generalist nurse"

Members of the Consultative Group came to the unanimous conclusion that it was neither appropriate nor feasible to develop a blueprint curriculum. They recommended that instead, a Task Force be set up to produce guidelines for countries to review and reorient or restructure their existing basic curricula.

5.1 Reorientation of Educational Programmes

The Group emphasized that reorientation of educational programmes should be a joint undertaking between nurse teachers and nurse managers, and their implementation, a joint venture of teachers and their students. They considered it important to identify (1) profession - specific activities and (2) partnership activities (activities to be carried out with members of other professions, disciplines and sectors).

Discussions covered desirable curriculum characteristics, educational foci and knowledge base. Specific resource material was also identified. (3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15).

5.2 A Guide to Curriculum Review

When considering the work of the proposed Task Force, the Consultation suggested the following outline for a curriculum review, based on recommendations made at the First European Nursing Conference held in Vienna, (16) in 1988:

(1) introduction (to include reasons for change);

(2) profile of the "generalist nurse";

(3) relevant philosophy (of: (a) Primary Health Care; (b) the culture and customs of the country concerned; and (c) the individual School or Department of Nursing participating);

(4) relevant concepts (e.g. Man-Environment-Health-Nursing-Education; the team approach; continuity of care etc.);

(5) educational outcomes;

(6) how to reach those outcomes (e.g. problem/need approach; methods of teaching; pedagogical approaches; content of curriculum, etc.);

(7) educational settings (e.g. type of school; community situations; characteristics of students and teachers);

(8) needed resources (human, fiscal and material);

(9) evaluation of the programme (structure, process and outcome).

The Group emphasized that the nursing discipline model must be used (as opposed to the medical model). They also stressed the need to collect, analyse and interpret intelligently all pertinent data prior to testing the revised curriculum.

5.3 Teacher preparation

It was recognized that teacher preparation is crucial to the success of re-oriented curricula. An organizational framework is the first requirement and both formal and informal strategies should be developed within that.

The competencies of teachers should include also the ability to adopt new approaches in planning, implementing, and evaluating educational programmes at all levels. The development of such programmes will necessitate competence in practical skills and in traditional and innovative teaching and learning experiences,in a variety of settings, including community level. The team approach essential to primary health care development, will require that the teacher is competent in assessing the role and functions of individual team members; in understanding and implementing alternative methods of team-work; in facilitating the development of leaders at all levels of the health system; and, not least important, in working with those in other development sectors.

In developing innovative teaching and learning approaches and practices, competence will be needed in preparing, using and evaluating a variety of learning aids, in educational research processes, and in disseminating and using research findings in the improvement of teaching and practice.

Teachers must be able to build on the previous experience of their students so that learning becomes a continuous process. This approach will result in teaching becoming learner-oriented and focusing on the production of "action-oriented" graduates.

Several levels of intellectual skills and expertise exist in the various competencies identified. Additional training and education is necessary for leadership roles in education and research, in keeping with the general standards of other professional disciplines in the individual countries.

6. Strategies to be deployed

6.1. Strategies to prepare nurse teachers and nurse managers

The Group suggested that information on the 'generalist nurse' project should be disseminated on three levels: regional, national and local.

At regional level they believed WHO should communicate with, and seek support from, all relevant international agencies (e.g. Commission of European Communities, Council of Europe, International Labour Organization, International Council of Nurses, etc). The project should also be included as an item on the Agenda and/or as a topic for Technical Discussions at an early session of the Regional Committee.

Participants recognized the value of intercountry workshops for nurse teachers and managers, which could serve as a basis for securing the needed changes at national level. They believed that intercountry networking would also be helpful. In relation to the obvious need for changes in regulatory mechanisms and national legislation, the Group suggested that WHO develop a pool of legal experts who could be called upon by Member States as required and that the Organization should make better known existing literature on the subject.

At national level, the first stage was believed to be the carrying out of surveys to:

(a) analyse the present situation and identify the changes needed as well as the procedures to be employed to achieve those changes;

(b) identify the deficits in the practice and education of nurse managers and teachers;

(c) analyse the existing legal framework and political scenario;

(d) identify the changes needed in national legislation and regulatory mechanisms.

Organizational actions should also be taken at local and national levels to disseminate information on the "generalist nurse" to professional associations, educational authorities and other professional bodies or agencies.

In relation to possible networking or twinning with other Member States, it was recommended that full use should be made of all available forms of communication technology to facilitate the exchange of experience and expertise and to provide mutual support.

6.2 Strategies to ensure support from others

The group recognized that in addition to support and collaboration from members of other disciplines and professions, the community's involvement was an essential feature of successful change.

Many of the failures of the past are attributable to the control of so-called community programmes by government-appointed officials- sometimes resident in the community but, nevertheless, regarded as outsiders belonging to officialdom. For that reason a demand for an organizational chart for a community programme should be resisted. Once a structure has been established by a government it can quickly come to be seen as an extension of government control. To be acceptable, a programme must evolve from the bottom up and not be imposed on the community from above. It must be seen by the community to function successfully. A demand to make it conform to an imposed structure can impede its acceptance by the community it is intended to benefit.

Local expertise is often great but usually neglected, and the consistent failure of administrators to take local views and knowledge into account can have serious consequences. Sometimes local practice is criticized simply because it does not comply with regulations or follow established administrative procedures.

The Group suggested that each country should appoint a national permanent committee to confer and liaise with influential and allied groups, as well as with consumer representatives. Such a committee should also establish mechanisms for direct communication with WHO/EURO and appoint one key person, representing the interests of the community, to coordinate publicity and ensure integration of the programme into national health care policy.

7. Identification of Schools or Departments of Nursing

7.1 Criteria for selection of schools and departments

The Group accepted provisionally the following criteria for selection of schools or departments of nursing in which experimental curricula may be developed:

(1) support of a significant number of individuals/groups in the community in which the curriculum is to be developed;

(2) the community is a geographically manageable area within an already defined jurisdiction (approximately 5000 - 10 000 inhabitants);

(3) primary, secondary and tertiary level health services are closely adjacent to the school;

(4) there are confirmed possibilities for interdisciplinary collaboration with workers from other health and related disciplines;

(5) the community is composed of a balanced cross-section of age groups, males, females, lower, middle and upper income groups;

(6) there is understanding and acceptance on the part of all those directly concerned, of the concepts and principles which guide the project; and a willingness to participate actively in the achievement of the project aims;

(7) there is commitment and support from regional/provincial/federal authorities, as appropriate.

It was suggested that there would be advantages if the location of the school is within a practice demonstration area.

7.2 Conditions for acceptance of Member States

The following conditions were also provisionally agreed in relation to the acceptance of Member States to participate in the project:

(1) acceptance of the concep of education-led practice;

(2) acceptance of the aims of the project;

(3) a commitment to:
- remain within the project until its completion;
- carry out regular evaluations of the project;

(4) an undertaking to finance the project (WHO providing technical advice and resource materials and seminal funding only);

(5) implementation (or on-going development) of a national/regional health policy based on the HFA strategy;

(6) acceptance that management and control of the project will be carried out by nurses;

(7) an undertaking to continue any successful programme developed, integrating it into the overall educational system (or using it as an example for proliferation) after completion of evaluation. (Integration from the time of initiation of the project obviously would facilitate this).

8. Recommendations

Members of the consultation made the following general recommendations:

A. WHO/EURO should:

(1) Call upon Member States to recognize the vital necessity of involving nurse leaders in the formulation and implementation of national health policies and plans, and should encourage the creation, where they do not exist, of national/federal management positions from which nurse leaders may make this contribution.

(2) Review, in collaboration with the Council of Europe and the International Labour Organization, situations in which student nurses are called upon to provide clinical care in settings outside the national employment law.

B. Member States should:

(3) Include as a criterion for selection of candidates applying for nursing education, a standard of general education equivalent to that demanded by the authorities of a University or other institute of higher education.

(4) Recognize the basic nursing qualification as being of a higher education standard and therefore one which is an accreditation to more advanced studies.

In relation to the 'generalist nurse' project, the Group made the following recommendations:

WHO/EURO should:

(5) Obtain support for and commitment to the nursing programme from Member States by selecting the 'generalist nurse' as the topic for technical discussions and/or as an Agenda item at an early session of the Regional Committee.

(6) Inform and involve in the project all relevant international organizations and agencies (e.g. Commission of European Communities, Council of Europe, International Labour Organization and the International Council of Nurses), seeking their collaboration, and, where and when appropriate, financial support.

(7) Collaborate with the International Council of Nurses in supporting national regulatory bodies to help them to bring about and ensure the enactment of, any necessary changes in national legislation.

(8) Work with the International Council of Nurses in helping Member States to set up national regulatory bodies where they do not already exist; and meanwhile, develop a pool of experts to providelegal advice to Member States as required; and disseminate information on available documentation relating to regulatory mechanisms in nursing education and practice.

(9) Facilitate the "twinning" or networking of participating Member States using communication technology for the exchange of experience, expertise and resource identification, as well as a means of providing mutual support.

(10) Organize intercountry workshops (with relevant learning materials) for key nurse managers and teachers on planning and implementing change in curricula and assist Member States to replicate these at national and local levels.

B. Member States should:

(11) Encourage the support of all nurses for the programme by disseminating information on the 'generalist nurse' programme throughout the profession;

(12) Appoint a national committee to confer regularly and constructively with influential and allied groups, e.g. consumers, other health workers and members of other sectors.

(13) Organize workshops on planning and implementing change for key nurses working at national and local levels.

(14) Appoint a key person to organize and coordinate publicity and to ensure integration of the 'generalist nurse' programme into national health policy.

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Annex 1

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